

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of James M. Etkin

Serial No. 09/740,371  
Confirmation No. 4946Examiner Kelly Scaggs Campen  
Group 3624

Filed: December 19, 2000

For: Matching Program and System for Corporate Meeting Planners and Hospitality Providers

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE  
BOARD OF PATENT APPEALS AND INTERFERENCESMail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board from the decision of the Primary Examiner mailed April 7, 2006, finally rejecting claims 1-9.

## 1. STATUS OF APPLICANT

This application is on behalf of a

☐ other than a small entity.☒ a small entity.

## 2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 CFR 41.20(b) the fee for filing this Notice of Appeal is:

☒ small entity \$250.00☐ other than a small entity \$500.00

Notice of Appeal fee due \$250.00

3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

- (a) ☒ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d)) for the total number of months checked below:

<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
<input type="checkbox"/> one month	\$120.00	\$60.00
<input checked="" type="checkbox"/> two months	\$450.00	\$225.00
<input type="checkbox"/> three months	\$1,020.00	\$510.00
	Fee	\$225.00

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$250.00

Extension fee (if any) \$225.00

TOTAL FEE DUE \$475.00

5. FEE PAYMENT

- ☐ Attached in a check in the sum of \$  
☒ Charge Deposit Account No. 03-1231 the sum of \$475.00.  
☐ Credit Card Authorization PTO form 2038 is enclosed.

6. FEE DEFICIENCY

- ☒ If any additional extension and/or fee is required charge Deposit Account No. 03-1231.

AND/OR

- ☐ If any additional fee for claims is required, charge Deposit Account No. 03-1231.

Respectfully submitted,

\_\_\_\_Robert C. Kain, Jr.\_\_\_\_\_  
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